

**CITY OF NEWTON
PURCHASING DEPARTMENT**

CONTRACT FOR TREASURY

**PROJECT MANUAL:
SURPLUS OF EQUIPMENT – COIN CONVEYOR
*INVITATION FOR BID #11-20***

Bid Opening Date: November 4, 2010 at 10:30 a.m.

OCTOBER 2010

Setti D. Warren, Mayor

**CITY OF NEWTON
PURCHASING DEPARTMENT
CITY HALL, NEWTON CENTRE, MASSACHUSETTS 02459
(617) 796-1220**

INVITATION FOR BID NO #11-20

SEALED BIDS on the original of this form shall be received at the office of the Purchasing Agent, City Hall, Newton Centre, Massachusetts, 02459 **until 10:30 a.m., November 4, 2010** and at that time and place will be publicly opened and read.

CITY OF NEWTON
By: Rositha Durham



Chief Procurement Officer

FAXED BIDS ARE NOT ACCEPTABLE AS LEGAL BIDS BY THE CITY OF NEWTON
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FOR SALE: The City of Newton has declared the following Equipment as SURPLUS to be sold to the highest bidder.

All items to be sold "AS IS" "WHERE IS", in accordance with Terms and Conditions and Specifications attached.

**SUCCESSFUL VENDOR MUST REMOVE THE MERCHANDISE WITHIN SEVEN (7) DAYS
OF BID ACCEPTANCE UPON RECEIPT OF BILL OF SALE.**

CITY EMPLOYEES MUST COMPLY WITH THE PROVISIONS OF G.L. 268A WHEN BIDDING THE FOLLOWING SURPLUS EQUIPMENT. THEY MUST ALSO FILE A DISCLOSURE WITH THE CITY CLERK'S OFFICE.

All items offered for sale as listed are to be sold on an "As Is", "Where LOCATED" basis without warranty, guarantee or liability of any kind on the part of the City of Newton.

Bids are posted on-line at: www.ci.newton.ma.us/bids

Once you've downloaded this bid from the internet website (www.ci.newton.ma.us/bids) I strongly suggest you email (purchasing@newtonma.gov) your company's Name, address, EMAIL, phone, fax AND the INVITATION FOR BID NUMBER and Project Title, so that we may add you to the Bidders List and you will be notified of any/all addendums.

Bidders requiring clarification or interpretation of the Contract Documents shall make a written request to the *Chief Procurement Officer*, at purchasing@newtonma.gov or via facsimile (617) 796-1227. The City will answer such requests if received by Thursday, October 28, 2010 at 5:00 p.m.

The City of Newton's Purchasing Dept. converted to an email notification system of all upcoming public bids effective July 1, 2009. If you wish to receive notification of bids, please email us your company information to purchasing@newtonma.gov, otherwise you may view all City of Newton public bids online at www.ci.newton.ma.us/bids.

This equipment may be seen at **Treasury Department** by calling **Linda Dubuque** at (617) 796-1341.

Surplus must be removed within 7 calendar days from receipt of Bill of Sale.

The City of Newton will reject any and all bids when required to do so by the above referenced General Laws. In addition, the City of Newton reserves the right to waive any informalities in any or all bids, or to reject any or all bids in whole or in part, if it be in the public interest to do so.

BIDDER: _____

COMPANY _____

ADDRESS _____

CONTACT PERSON: _____ **TITLE:** _____

SIGNATURE: _____ **PHONE/FAX #'s:** _____

BID FORM #11-20 - CITY OF NEWTON – SURPLUS BID

Year:	Description:	Make/Model:	BID PRICE:
2010	MST-612C Coin Conveyor w/ 2 Magnets, Serial#100001133F 10	Money Systems Technology MST-612C	
			\$

This bid includes Addendum # _____

COMPANY OR INDIVIDUAL NAME: _____

ATTESTATION

Pursuant to MG c. 62C, § 49A, the undersigned acting on behalf of the Contractor, certifies under the penalties of perjury that, to the best of the undersign's knowledge and belief, the Contractor is in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

**Signature of Individual
or Corporate Contractor (Mandatory)

*** Contractor's Social Security Number
(Voluntary) or Federal Identification Number

By: _____
Corporate Officer
(Mandatory, if applicable)

Date: _____

* The provision in the Attestation relating to child support applies only when the Contractor is an individual.

** Approval of a contract or other agreement will not be granted unless the applicant signs this certification clause.

*** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of GL c. 62C, § 49A.